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Bib Data Sheet

CONFIRMATION NO. 9194

SERIAL NUMBER 10/775,696	FILING DATE 02/11/2004  RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO.
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none R.S.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none R.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 5
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Verified and Acknowledged  
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TITLE  
 Postcoital positioning pillow

FILING FEE  RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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